REC'D JUL 0 9 2010

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms Do not use this form to update information

1. Committee Information	
a. Full Name	c. ID Number
Donnie H Herson	AJ6146
b. Mailing Address (include City, State and Zip Code)	d Date Filed
157 Rosenant Farm Rd Rutherfordton, NC 2513	6-9-10
Kuthertordton NC 2517	e. Phone Number
20 (50)	(82) 245-38-5
	End Date (mm/dd/yy) 5. Treasurer Full Name
2010 04-18-10 06	.30.12 Dwayne Clark Dunca
	eport (check only one type of report from one category)
Candidate Campaign Party Municipal	State/County Referendum
☐ Joint Fundraiser ☐ PAC ☐ Organization ☐ Referendum ☐ Legal Expense Fund ☐ Thirty-five	
7. Type of Fund (if applicable, check one) Pre-primar "Booster Fund" Pre-election	
☐ Building Fund ☐ Pre-runoff	
■ NC Political Party Financing Fund Semi-annua	
Presidential Election Year Candidates Fund Mid Y	
NC Public Campaign Financing Fund Year I	
Other: Final	Year End
8. Number of Fundraisers this Report	Final
	□ Special
11. Account Information	
a. Financial Institution Full Name	
State Employees Credit	Union
b. Purpose	c. Account Code
	d. Period Begin Balance
	\$
CERTIFICATION	
	all applicable provisions of Article 22A, 22B & 22D-22M of
Chapter 163 of the NC General Statutes and that no funds	are commingled with prohibited or other undisclosed funds. I
further certify that this report is complete, true and correct	and that I have been trained by the NC State Board of Elections
Λ Λ	. A
Dwayne C Duncas Now	eyu C. Duncan 7-10-10
	is ature of Appointed Treasurer Date
FOR OFFICE USE ONLY	
Date Received: Empl	oyee: Delivery Method Normal Mail
Date Postmarked: Empl	oyee: Registered Mail Hand Delivered
Date Scanned: Empl	oyee: Electronically Filed
Date Data Entered: Empl	oyee: Signer has not received mandatory training
Please Note: This form cannot be used to amend com	mittee information such as the committee address, treasurer,
	40 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M
	ks information, or account information. on (CRO-2100A-E) to make committee changes.

Aggregated Contributions from Individuals Page of Ves Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) OUNTR Henson 3. Contributor Information a. Append b. Account Code c. Form of Payment d. In-Kind Description Check 5-28-10 \$ 45. Add Remove Check 5-28-10 \$ 45. Add Remove Semove S	No						
1. Committee Full Name (and Fund if applicable) 2. ID Number A J (14) 3. Contributor Information a. Aprénd b. Account Code c. Form of Payment d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount M Add Check S-28-lo \$45. M Add Remove Check S-28-lo \$45. M Add Remove S-28-lo \$45. M Add M Add M M M M M M M M M M M M M M M M M M							
3. Contributor Information a. Append b. Account Code c. Form of Payment d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount B. Add							
3. Contributor Information a. Append b. Account Code c. Form of Payment d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount Add	46						
Add							
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TO A LANGE COMPANY COM	1. Total only this Page \$						
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$ 135.00							

Amendment

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Donnie H Henson	200	TK-1 1.	AJ6146
Start of Election Cycle: January 1, 2010	2	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 2305. 9	9 \$ -0-
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$/135.00	\$ 124300
6) Contributions from Individuals	(CRO-1210)	\$ 1625.00	\$,3779.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 3037.55
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 760,00	\$ 8059.55
<u>EXPENDITURES</u>			
13) Disbursements			
(3a) Operating Expenditures	(CRO-1310)	\$ 389, 24	\$ 5003.80
13b) Contributions to Candidates/Political Committees	(CRO-1310)		Ś
13c) Coordinated Party Expenditures	(CRO-1310)	\$	40
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	5
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	S	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 379.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	· ·		15 5382.80
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18	\$ 2676.75	\$ 18 2676.75
ADDITIONAL INFORMATION	I		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 3037,55	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	3
	(CRO-2220)	S	S
28) Contributions to be Refunded	(CRO-1215)	\$	- 5

Contri	butions fron	n Individuals		Pg		2	Amendment Yes No
				or contributions unde	r \$50 if form CR	O 1205 is not	t used
1. Comm	ittee Full Name (and Fund if applicab	le)			2. ID Num	ber
\square	onnie L	1 Henson	5			AJ	6146
3. Contri	butor Informatio	n		Add Rem	iove		
	ie, Mailing Address &	2 Phone		b. Job Title/Profession		d. Comments	
(include city, state, & zip) Betty Henson		c. Employer's Name/Spec Dialysis	office Manager c. Employer's Name/Specific Field Dialysis Care of Putherful County				
Ruth	artin dto	n NC 2813	9	Rutherford	1 Country	e. Election St	ım to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
	1	Check			5-28-1	10	\$ 300.00
							\$
							\$
3. Contri	butor Informatio	n		Add Rem	iove		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	3
	city, state, & zip)			Home make			
45	a Dunca	corner Rd		c. Employer's Name/Spe	Mark 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
215	Dark	Corner Rd	,	C. Employer 5 / mine ope			
	11 0 11	vi. 2/11	- 4			e. Election St	um to Date
1/2nt	her tordt	on, NC 88/3	59			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	/	Check			5-28-	10	\$ 45.00
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							\$
3. Contr	ibutor Informatio	on		Add Ren	nove		
The Cast Street Control Control	ne, Mailing Address			b. Job Title/Profession		d. Comment	S
(include	city, state, & zip)	/		D L'ad	/		
Kat	heen Ite	nson		c. Employer's Name/Sp	ecific Field		
191	Jack M	uckinney /	2			e. Election S	ium to Date
Fores	+ Cit	relinney 10	43			\$	es propied a constant de c
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/y	ууу)	k. Amount
	g. Account code	Check			5.28-1		\$ 100.00
							s

5. Total of ALL CRO-1210 Pages

4. Total only this Page

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				or contributions unde	r \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name (and Fund if applical	ble)			2. ID Num	2. ID Number	
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3. Contri	butor Informatio	on		Add Rem	nove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			11. 11	/.			
6	vee Ho	dre		Home Ma				
_	, , , ,	27		c. Employer's Name/Spe	ecific Field	1		
						e. Election S	um to Date	
		·				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			5.28.1	10	\$ 90.00	
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rem	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)	/		Teacher				
Sar	ah Kil	50		c. Employer's Name/Spe	eific Field			
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				150 Hermal		e. Election Sum to Date		
				Community	,	\$		
				College		<u> </u>	7	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		Check			5-28	10	\$ 45.00	
							\$	
							\$	
The state of the s	butor Informatio			Add Rem	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
2 /	city, state, & zip)			Teacher				
Deb	bie Mu	wag		c. Employer's Name/Spe	ecific Field	1		
l				Pather for				
				100/100		e. Election S	um to Date	
				2 chools		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	ind Description	j. Date (mm/dd/yy	/vv)	k. Amount	
	/	dede	1		5.241	6	\$ 45.00	
							\$	
							\$	
4. Total	only this Page	e				\$	180.00	
5. Total	of ALL CRO	-1210 Pages				•	(h (m	
(This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ (25.00		

Contributions from Individuals

Amendment

Disbursem	ents			D _{rr}	1	1	Amendment	П
Use this form to	report expenditures	from the committ	ee i	for; operating expenses,	, contributions to	candidate	Yes c/political	LJ N
	coordinated party e						TO NO.	40
Dogg	cle /	1724500	A more				2. ID Number	
3. Type of Disb	ursement (Ple	ase use separate C	RO	0-1310 forms for each t				And Action
4. Payee Inform		Contributions to Car	and the last	ates/Political Committees	Remove Co	ordinated P	arty Expenditure	S
Control of the Contro	ing Address & Phone		V26 C 100	Coordinated Committee N	ACTOR STATE AND ADDRESS OF THE PARTY OF THE	d. Com	nents	
(include city, state,								
Yoursh?	on 12 US	•	c.	Level Registered (Specify)	eleje a telfys i et.	i i		
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Frest	ons Rus Broadwa CHy NL	26-10	L	State	Municipality:	e, Electio	on Sum to Date	
1000	0,19 100	08093				\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Requi	red Remarks	
/	Check	B		69-10	\$389.24			
					\$			
4. Payee Inform	ation		A	dd	Remove			
	ng Address & Phone		b.	Coordinated Committee Na	ıme	d. Comm	ients	
(include city, state,	& zip)							
			c. J	Level Registered (Specify)				
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4. Payee Inform	ation	1489 A	Ac	id 🗍	Remove :			
COMPANIES OF THE STREET, STREE	ng Address & Phone 🕠		ъ. (Coordinated Committee Na	C1863C1F-C5631-C259FCCS-C5C5FC1	d. Comm	ents	
(include city, state,	& zip)							
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		-	Ц	State	Municipality:	e. Electio	n Sum to Date	
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	-				\$	and distribution		
5. Total only thi	s Page					\$		
6. Total of ALL	CRO-1310 Pages						0	_
(This line goes in	line 14a of Detailed Sum line 14b of Detailed Sum	mary Page CRO-1100 marv Page CRO-1100	if C	operating Expenses) Contrib to Candidates/Politica	ıl Comm)	\$ 3	89.24	
(This line goes in	line 14c of Detailed Sum	mary Page CRO-1100	if C	oordinated Party Expenditur		07500		
	s (List detailed exp	penditure code in (C* - Fund			D - To Anoth	er Candi	date	40000
A* - Media E - Salaries	B* - Printing F* - Equipmen	COLUMN TO ANGEL			The state of the s	Carlotte and the second	Office Expen	ses
I - Postage	J - Penalties	K* - Offic	e E	Expenses	O* - Other	MASSACANDON.		mentera sund
* Codes require	detailed explanati	on in required rei	nar	rks nela (k)				100

DHA

Outstanding Loans

7	29	Amendment	ti.
Pg	of 🛌	Yes	☐ No

Use this form to report any outstanding loans received durin	g a previous reporting period and	until the loan is paid in full.
1. Committee Full Name (and Fund if applicable)		2. ID Number
Donnie H Henson		AJ6146
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
Donnie H. Henson		e. Start Date (mm/dd/yyyy)
Donnie H. Henson 157 Rosemont Farm Rd	c. Employer's Name/Specific Field	
Rutherford to NC 28139		f. End Date (mm/dd/yyyy)
10010001014 (10 1-0 2010 1		
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$ 824-01	\$ 824.01
k. Full Name of Lending Institution	1 02 01	I. Loan Number
3. Lender Information	Add Remove	PSYSTEM OF SERVICE
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
Donnie H. Henson 157 Rosemont Farm Rd		e. Start Date (mm/dd/yyyy)
157 Rosemont Farm Rd	c. Employer's Name/Specific Field	
Rutherfordton NC 28139		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$ 100.00	\$ 60.00
k. Full Name of Lending Institution	T QUI	l. Loan Number
3. Lender Information	Add Remove	ESSENCE SERVICE SERVIC
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
		Start Data (see (13/2)
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	1	
		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		I. Loan Number
4. Total only this Page		\$ 884.01
5. Total of ALL CRO-1430 Pages		\$ 884 01
(This line must be on line 21 of Detailed Summary Page CRO-1100)		1 884.01

Outstanding Loans

	\circ		$\overline{}$	Amendment	
Pg	1	of	2	☐ Yes	□ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Dounie H Henson		456146
3. Lender Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Salesman	
Donnie It Henson 157 Rosemont Farm Dd Ruther for I ton, Ne 28139	Salesman	C: (D : (
157 Rosemont Farm Od	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
D. they for 1 to 100 25/189	Edution Oil	
160 100 100 100 100 100 1	Fail Way Oil	f. End Date (mm/dd/yyyy)
n i comin ni i i		
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$ 2153.54
k. Full Name of Lending Institution		I. Loan Number
3. Lender Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	L Outstand Y can Amount	i n I san Balanga
	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		l. Loan Number
3. Lender Information	□ Add □ Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	W. C v.	W Comment
·	armonia.	
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
		h Bhu Date (mas swayya),
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		l. Loan Number
4. Total only this Page		\$
5. Total of ALL CRO-1430 Pages		and the second s
(This line must be on line 21 of Detailed Summary Page CRO-1100	0)	\$ 215354